

REDACTED - FOR PUBLIC INSPECTION
Rate Floor Data

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986					
Block 1 - Contact Information					
ROW #	DATA ELEMENT		FORMAT OF REQUESTED DATA	RESPONSE	
1	Carrier Study Area Code		6 numeric digits	401143	
2	Carrier Study Area Name		alpha characters	CenturyTel NW-AR-SIL	
3	Service Provider Identification Number		9 numeric digits	143022333	
4	Residential Local Service Charge Effective Date		mm/dd/yyyy	6/1/2015	
5	Contact Name		alpha characters	Kenneth W. Buchan	
6	Contact Telephone Number (include area code)		9 numeric digits	(318) 362-1538	
7	Sheet number		numeric digit(s)	1	
8	Total Number of Sheets		numeric digit(s)	1	
Block 2 - Residential Local Service Rates, Fees, and Line Counts					
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 16.80	NA	\$ 0.84	NA	
10	\$ 16.80	NA	\$ 0.84	NA	
11	\$ 16.80	NA	\$ 0.84	NA	
12	\$ 16.80	NA	\$ 0.84	NA	
13	\$ 16.80	NA	\$ 0.84	NA	
14	\$ 16.80	NA	\$ 0.84	NA	
15	\$ 16.80	NA	\$ 0.84	NA	
16	\$ 16.80	NA	\$ 0.84	NA	
17	\$ 16.80	NA	\$ 0.84	NA	
18	\$ 16.80	NA	\$ 0.84	NA	
19	\$ 10.80	NA	\$ 0.23	NA	
20	\$ 7.57	NA	\$ 0.38	NA	
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Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CenturyTel of Northwest Arkansas, LLC d/b/a CenturyLink (Siloam Springs)

Signature of authorized officer

David D. Cole

Date

6/11/15

Printed name of authorized officer David D. Cole

Title or position of authorized officer Executive Vice President of Operations Support and Controller

Telephone number of authorized officer: (318) 388 -9000, ext.

Study Area Code of Reporting Carrier

401143

Filing Due Date for this form
(mm/dd/yyyy)

7/1/2015